DRAFT FOR CONSULTATION

Marking sheet for Psychiatry & Psychology IME reports

	IME O	
Peer Reviewer is required to complete this Marking Sheet using the	e IME Service Standards	
. WORKER DETAILS (score either 0 not present, or 1 present or not applicable)	1	
Name		1
Date of birth		1
Claim number		1
Employer at time of injury		1
Date of original injury/transport accident		1
	SCORE	5
2. DETAILS OF REFERRAL & ASSESSMENT (score either 0 not present, o	or 1 procent or not applicab	ulo)
Summary of reason for referral	or i present or not applicab	1
Summary of documents reviewed as part of this report (either as list or	refer to attached	
list)		1
Date & place of examination		1
Others present		1
Purpose of the examination & role of an IME		<u> </u>
Summary of IMEs previous assessments of the client/worker	SCORE	6
	OOOKL	
B. RELEVANT HISTORY REPORTED BY THE WORKER		
a. Development of condition/injury (score from 0 not present, to 5 comprehe	nsive & relevant or not app	licable)
Development of psychiatric condition, including onset, all relevant circur		5
subsequent history		
	SCORE	5
Medical 9 hoolth (including man aniation and 1997 of 1997)	4man4)	
 Medical & health (including pre-existing conditions/injuries/treascore 0 not present, 1 partially present, or 2 fully present or not applicable) 	tment)	
Relevant medical & psychiatric history		2
Relevant medical & psychiatric history	SCORE	2
. Family of origin & development history (including education, rel	lationships and drug	or substan
ISE) (score 0 not present, 1 partially present, or 2 fully present or not applicable)		
Any significant life events or hereditary risk factors including any person	nality vulnerability	0
3 3 1		2
Personal & social history including marital history and relevant family his	story	2
	otor y	
Alcohol, drug & forensic history		2
Alcohol, drug & forensic history	SCORE	2 6
	SCORE	
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9. SUMMARY FORMULATION (score 0 not present, 1 partially present, or 2 fully present or not applicable)

Summary of client/worker condition including definitive diagnosis, or reason for no definitive diagnosis, and/or other possible diagnosis	2
Diagnosis internally consistent with evidence in report; opinions are specific, sufficiently detailed, and consistent with evidence-based practice	2
Information obtained from examination that corroborates, or raises questions about, the accuracy and/or completeness of the information provided in the history	2
Commentary on the current management, including evidence to support or change the plan, based on best practice	2
Injury/condition prognosis	2
Client/worker's ability and capacity to return to work - current & future	2
Evidence to support recommendation and any work restrictions	2
Strategy to aid or improve safe RTW	2
Timeframe until work capacity is improved	2
Recommendation to provide the report to the treating health practitioner/s	2
SCORE	20

10. RESPONSES TO SPECIFIC QUESTIONS (score from 0 not present, to 8 comprehensive & relevant)

To ensure the report is a stand alone document, each question should be re-typed in full as detailed in the referral request, and comprehensively addressed	8
SCORE	8

11. INDEPENDENCE OF OPINION (score either Yes or No. If Yes, provide commentary below)

Is there evidence of advocacy?	No
Are there inappropriate statements?	Yes

Scoring 80 + = Category One, no further action req

50 - 79 = Category Two, requires feedback & possible further review

0 - 49 = Category Three, requires contact visit (or any Clinical deficiency or Bias issue)

Feedback comments:

Enter text here